

244E

157

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

(This return should preferably be made
by the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.*

Place of Birth Globe County Gila No. St.

| | | | |
|------------------|------------------------------------|--------------------|--------------------------------|
| SEX OF CHILD* | Twin Triplet or other? | and | Number in order of birth |
| DATE OF BIRTH* | <u>Feb.</u> (Month) | <u>27</u> (Day) | <u>1923</u> (Year) |
| FULL NAME | FATHER <u>Alfonso Verdugo</u> | | |
| FULL MAIDEN NAME | MOTHER <u>Lola Apodaca Verdugo</u> | | |

I HEREBY CERTIFY that the child described herein
has been named

John David Verdugo
(Give name in full) (Surname)

Lola Verdugo
(Parent's Signature)

(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.

5M 5/20/41

156-227-311